

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 03/05/2013
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description Withhold Year Month

00327568 1 I/S Meals & Lodging 1 542200 Employee I/S Meals & L 06105 ADAMS RICH-001 2013 03 0000098596 Adams, R. 2.25-3 570.00
 Total For Voucher 570.00

3000009990 03/13/13

MM

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit:	66500	Invoice Number:	Adams, R. 2.25-3.1.13
Voucher ID:	00327588	Invoice Date:	03/01/2013
Voucher Style:	Regular	Total:	570.00
Vendor:	ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE RUIDOSO, NM 88345	*Pay Terms:	Pay Now <input checked="" type="checkbox"/> Schedule Payments

Saved

Payment Information		Find View All First <input type="button" value="◀"/> 1 of 1 <input type="button" value="▶"/> Last <input type="button" value="+"/> <input type="button" value="-"/>	
Scheduled Payment:	1	Gross Amount:	570.00 USD
*Remit to:	0000097303 <input type="button" value="🔍"/>	Discount:	0.00 USD <input type="checkbox"/> Discount Denied
Location:	001 <input type="button" value="🔍"/>	Late Charge	
*Address:	1 <input type="button" value="🔍"/> ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345		
Scheduled Due:		03/01/2013 <input type="button" value="📅"/>	
Net Due:		03/01/2013	
Discount Due:			
Accounting Date:			
Payment Method			
*Bank:	WFB10	Pay Group:	
*Account:	B	*Handling:	RE
*Method:	ACH ACH	*Netting:	N <input type="button" value="🔍"/>
Message:	Message will appear on remittance advice. <input type="button" value="🔍"/> Messages		

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500 Invoice Number: Adams, R. 2.25-3.1.13
 Voucher ID: 00327568 Invoice Date: 03/01/2013
 Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
 Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number:

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

NAME
DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	3/1/2013
AGENCY CODE	66500	VOUCHER NUMBER	00327588

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima


Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	02/22/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	02/25/13	Time:	06:00 AM	Return Date: (month/day/yr)	3/1/13
	Time: 06:00 PM					
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


Employee Signature _____ Date _____

Division Director/Hospital Administrator _____ Date _____
(As per specific division requirements)

Supervisor/Bureau Chief Signature _____ Date _____


Cabinet Secretary Signature _____ Date _____
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)